FILED OCT 4 1957 Registration District No. 318 Primery Registration No. 318 Primery Registration District No. 318 Primery Registrat			ON OF HEALTH OF MISSOU		34022
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The fluenza 20a. ACCIDENT SUICIDE 20a. Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from Sept 15, 1957, to Sept 17 Death occurred at 22a. SIGNATURE (Degree or little) 22b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 23c. NAME OF CEMETERY OR CREMANORY 23d. LOCATION (City, lown, or caunty) (State) ADDRESS 22b. ADDRESS 22c. DATE RECO. BY LOCAL REG. 25b. REGISTRAR'S SIGNATURE (Degree or little) 25c. DATE RECO. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 27d. ADDRESS 28d. ADDRESS 25d. ADDRESS 25d. REGISTRAR'S SIGNATURE 25d. ADDRESS 25d. DATE RECD. BY LOCAL REG. 26d. REGISTRAR'S SIGNATURE 27d. ADDRESS 27d.	stating the under- lying cause last. DUE TO	(c) Similar	Fin et foot In	Clammation of	I look & months
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Thomas Kutis 2906 Stavies SFP. 19'57 Call Smith In	BURY AL SECT 2	1957 S PA	TER Y PAUL	· ·	~/
(Licensed Embolmer's Statement on Reverse Side)	24. FUNE AL DIRECTOR	ADDRESS SALES	25. DATE RECD. BY LOCAL R		
	- Turke	(Licensed Embalme	r's Statement on Reverse Si	de)	mas

STATEMENT BY LICENSED EMBALMER

	I hereby	certify that the h	ody whose nar	ne is recorde	ed on the rever	se side of this	s certificate wa	as er
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b	y me, or by .					, Student I	Embalmer No.	· - • - • •
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working under my personal supervision.

Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.